

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

26220 ENTERPRISE COURT

Check if different
than previously
reported. (ACC)

LAKE FOREST

CA

92630

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00240218

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RAOUL SMYTH

Signature of Treasurer

Electronically Filed by RAOUL SMYTH

Date

01

24

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		6047.76
(b) Cash on Hand at Beginning of Reporting Period	3013.37	
(c) Total Receipts (from Line 19)	37974.23	64982.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40987.60	71029.88
7. Total Disbursements (from Line 31)	31400.00	61442.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9587.60	9587.60
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	28777.73	43318.91
(i) Itemized (use Schedule A)		
(ii) Unitemized	9196.50	21642.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	37974.23	64961.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	37974.23	64961.51
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	20.61
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	37974.23	64982.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37974.23	64982.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	42.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	42.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31400.00	60900.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31400.00	61442.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31400.00	61442.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	37974.23	64961.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37974.23	64961.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	42.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	42.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Janet Azevedo

Mailing Address 279 S Euclid Ave

City

Upland

State

CA

Zip Code

91786-6640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Sales Infusion

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 71-P2022

Amount of Each Receipt this Period

260.00

Payroll Deduction

(\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Robin Barton

Mailing Address 23082 Mullin Rd

City

Lake Forest

State

CA

Zip Code

92630-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP, Revenue Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1635.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2935

Amount of Each Receipt this Period

975.00

Payroll Deduction

(\$75.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael A. Bates

Mailing Address 740 W Tess Ln

City

Round Lake

State

IL

Zip Code

60073-5677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area Operations Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2936

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1285.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Doreen R Bellucci

Mailing Address 2 Brigmore Aisle

City

Irvine

State

CA

Zip Code

92603-5720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2939

Amount of Each Receipt this Period

325.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Francesco Bianchi

Mailing Address 11 Starlight

City

Irvine

State

CA

Zip Code

92603-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Sr VP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2940

Amount of Each Receipt this Period

650.00

Payroll Deduction

(\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Donna S Blake

Mailing Address 14107 Pembroke St

City

Leawood

State

KS

Zip Code

66224-4553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2941

Amount of Each Receipt this Period

195.00

Payroll Deduction

(\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

James C Bowers

Mailing Address 8801 Water Song Cir

City

Roseville

State

CA

Zip Code

95747-7176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2944

Amount of Each Receipt this Period

260.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Bruce E Brindle

Mailing Address 3396 Altherton Dr

City

Bethel Park

State

PA

Zip Code

15102-1161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2945

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ned R Brooks

Mailing Address 2119 Prairie Ln

City

Woodridge

State

IL

Zip Code

60517-8109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP General Mgr Rehab Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2946

Amount of Each Receipt this Period

275.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

565.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Alana J Burton

Mailing Address 20 Relampago

City

Rancho Santa Marg

State

CA

Zip Code

92688-3333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Mgr Info Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2948

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mark A Centolella

Mailing Address 8304 Codys Cors

City

Cicero

State

NY

Zip Code

13039-7921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Dir, Field Sales & Prog S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2951

Amount of Each Receipt this Period

195.00

Payroll Deduction

(\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Steven C Clark

Mailing Address 1430 Laleiah Dr

City

Cumming

State

GA

Zip Code

30041-9511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 14-P933

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Kirby Combs

Mailing Address 320 Urbano Dr

City

San Francisco

State

CA

Zip Code

94127-2869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2953

Amount of Each Receipt this Period

260.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Deborah J Crimmins

Mailing Address 4 Blossom Hill Ct

City

Rexford

State

NY

Zip Code

12148-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Strat Bus Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2954

Amount of Each Receipt this Period

325.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Larry G Crist

Mailing Address 8323 Briar Haven Ct

City

Castle Rock

State

CO

Zip Code

80108-5512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2955

Amount of Each Receipt this Period

240.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mark P Destephano

Mailing Address PO Box 594

City

Charlton

State

MA

Zip Code

01507-0594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2960

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael K Dwyer

Mailing Address 408 W State St

City

Burlington

State

WI

Zip Code

53105-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area Operations Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2961

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Paul F Elkins

Mailing Address 53 Raven Ln

City

Aliso Viejo

State

CA

Zip Code

92656-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP IS Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2964

Amount of Each Receipt this Period

260.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Stephen L Foreman

Mailing Address 5 Hempstead St

City

Ladera Ranch

State

CA

Zip Code

92694-0229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2967

Amount of Each Receipt this Period

260.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Matthew J Gallagher

Mailing Address 5 Safeguard Pl

City

Irvine

State

CA

Zip Code

92602-0757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Sales Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2968

Amount of Each Receipt this Period

275.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Lisa M Getson

Mailing Address 24806 Oxford Dr

City

Laguna Niguel

State

CA

Zip Code

92677-8870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP Govt Rel/Invst Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2970

Amount of Each Receipt this Period

975.00

Payroll Deduction

(\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1510.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Anthony F Giambone

Mailing Address 7085 Ashley Dr

City

Huntington Beach

State

CA

Zip Code

92648-7001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Sr VP, Enterprise Bus Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2971

Amount of Each Receipt this Period

650.00

Payroll Deduction

(\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Steven D Gradwell

Mailing Address 28637 NE 63rd Way

City

Carnation

State

WA

Zip Code

98014-9512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2972

Amount of Each Receipt this Period

280.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael A Graves

Mailing Address 7430 Lombardi Dr

City

Plainfield

State

IN

Zip Code

46168-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Dir, Enteral Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2973

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Stephanie A Grim

Mailing Address 221 Billingsrath

City

Cary

State

NC

Zip Code

27519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Dir National Cash Dept

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2974

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

William Guidetti

Mailing Address 14 Heather Ct

City

Columbus

State

NJ

Zip Code

08022-1968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2975

Amount of Each Receipt this Period

290.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Dwayne A Hargis

Mailing Address 926 Ironwood Trl

City

Greenwood

State

IN

Zip Code

46143-3042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2979

Amount of Each Receipt this Period

585.00

Payroll Deduction

(\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

935.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Paul L Heuvel

Mailing Address 1513 Via Tulipan

City

San Clemente

State

CA

Zip Code

92673-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Billing Center Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2982

Amount of Each Receipt this Period

520.00

Payroll Deduction

(\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Lawrence Mead Higby

Mailing Address 218 Via Lido Nord

City

Newport Beach

State

CA

Zip Code

92663-4608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Chief Exec Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3470.85

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2983

Amount of Each Receipt this Period

2000.05

Payroll Deduction

(\$153.85 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Robert S Holcombe

Mailing Address 38 Oakbrook

City

Coto de Caza

State

CA

Zip Code

92679-4742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1705.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2984

Amount of Each Receipt this Period

975.00

Payroll Deduction

(\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

3495.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Janet L Hunt

Mailing Address 22121 Stillwater

City

Mission Viejo

State

CA

Zip Code

92692-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Dir IS Support Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2985

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

William J Ingram

Mailing Address 13710 Falba Rd

City

Houston

State

TX

Zip Code

77070-3809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.66

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 57-P1487

Amount of Each Receipt this Period

147.68

Payroll Deduction

(\$36.92 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Daniel A Johnson

Mailing Address 9275 NE 125th PI

City

Kirkland

State

WA

Zip Code

98034-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2988

Amount of Each Receipt this Period

275.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

482.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dean Johnson

Mailing Address 22 Southgate Dr

City

The Woodlands

State

TX

Zip Code

77380-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2989

Amount of Each Receipt this Period

650.00

Payroll Deduction

(\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Anthony R. Kilgore

Mailing Address 112 Interlachen Ct

City

Avondale

State

PA

Zip Code

19311-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2991

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Kevin D Kinsey

Mailing Address 8314 City Lights Dr

City

Aliso Viejo

State

CA

Zip Code

92656-2663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Enterprise Architecture

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2992

Amount of Each Receipt this Period

260.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jerome D Lafontaine

Mailing Address 8445 S Newcombe St

City

Littleton

State

CO

Zip Code

80127-4260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2995

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Philip R. Lochner

Mailing Address 699 Lake Ave

City

Greenwich

State

CT

Zip Code

06830-3333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 7

Transaction ID: 75

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Philip R. Lochner

Mailing Address 699 Lake Ave

City

Greenwich

State

CT

Zip Code

06830-3333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: 78

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jeri L Lose

Mailing Address 5 Loam

City

Coto de Caza

State

CA

Zip Code

92679-5225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP, Chief Information

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2999

Amount of Each Receipt this Period

650.00

Payroll Deduction

(\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Jeffrey R. Lyons

Mailing Address 12844 Bluejacket St

City

Overland Park

State

KS

Zip Code

66213-3435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3000

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Winborne T Macphail

Mailing Address 4406 Staghorn Ct

City

Greensboro

State

NC

Zip Code

27410-8285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3001

Amount of Each Receipt this Period

325.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Lawrence Mastrovich

Mailing Address 5 Flax Ct

City

Coto de Caza

State

CA

Zip Code

92679-5133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2150.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3004

Amount of Each Receipt this Period

1300.00

Payroll Deduction

(\$100.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael L McKinney

Mailing Address 209 Nunzia Ct

City

Roseville

State

CA

Zip Code

95661-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3007

Amount of Each Receipt this Period

300.00

Payroll Deduction

(\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

William E Monast

Mailing Address 5 Barbaras Way

City

Lincoln

State

RI

Zip Code

02865-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3012

Amount of Each Receipt this Period

825.00

Payroll Deduction

(\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

2425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Theresa A Noble

Mailing Address 41427 N Laurel Valley Way

City

Anthem

State

AZ

Zip Code

85086-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3013

Amount of Each Receipt this Period

325.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Margaret M. Novack

Mailing Address 8426 Gresham Dr

City

Las Vegas

State

NV

Zip Code

89123-2349

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area Dir Infusion Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3014

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Patrick D O Donnell

Mailing Address 167 Waybury Rd

City

Colchester

State

VT

Zip Code

05446-6960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3016

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dena R Parker

Mailing Address 233 Sandcastle

City

Aliso Viejo

State

CA

Zip Code

92656-3839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Bus Dev&Fin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3017

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Bharat Patel

Mailing Address 10251 Sherwood Cir

City

Villa Park

State

CA

Zip Code

92861-4531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3018

Amount of Each Receipt this Period

380.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Norman C. Payson

Mailing Address 453 Beech Hill Rd

City

Hopkinton

State

NH

Zip Code

03229-2674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 7

Transaction ID: 73

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1555.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Norman C. Payson

Mailing Address 453 Beech Hill Rd

City

Hopkinton

State

NH

Zip Code

03229-2674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: 79

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Vanessa L Pfeiffer

Mailing Address 16 Walnut Crk

City

Irvine

State

CA

Zip Code

92602-1046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation
Sr VP, Mrktg & Sales Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 69-P1814

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mark A Pietrow

Mailing Address 13205 Granada Dr

City

Leawood

State

KS

Zip Code

66209-4182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation
Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3022

Amount of Each Receipt this Period

525.00

Payroll Deduction

(\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael Polgardy

Mailing Address 57 Pathstone

City

Irvine

State

CA

Zip Code

92603-0171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3023

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Alicia C Price

Mailing Address 38 Flor de Sol

City

Rancho Santa Marg

State

CA

Zip Code

92688-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 14-P970

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Peter C Racine

Mailing Address 32 Las Pisadas

City

Rancho Santa Marg

State

CA

Zip Code

92688-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Supply Chain Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3025

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Peter A. Reynolds

Mailing Address 1934 Port Locksleigh PI

City

Newport Beach

State

CA

Zip Code

92660-6616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Chief Acctg Ofcr & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3030

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Robert R Rickman

Mailing Address 9208 Ranworth Way

City

Raleigh

State

NC

Zip Code

27615-3151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3031

Amount of Each Receipt this Period

520.00

Payroll Deduction

(\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Kimberlie K Rogers-Bowers

Mailing Address 91 E Chevalier Ct

City

Eighty Four

State

PA

Zip Code

15330-2691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Sr VP Reg Affairs & Acq I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3033

Amount of Each Receipt this Period

325.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1045.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

William F Ryan

Mailing Address 5274 Northshore Dr

City

Frisco

State

TX

Zip Code

75034-7575

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Corporate Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3034

Amount of Each Receipt this Period

325.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Garrett Y Saito

Mailing Address 28 Flintstone

City

Aliso Viejo

State

CA

Zip Code

92656-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3035

Amount of Each Receipt this Period

325.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Tami Salley

Mailing Address 304 Oak Ridge Dr

City

Venetia

State

PA

Zip Code

15367-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3036

Amount of Each Receipt this Period

325.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Scott M Sasserson

Mailing Address 121 Deer Run Dr

City

Colchester

State

CT

Zip Code

06415-1861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3037

Amount of Each Receipt this Period

325.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

David C Sears

Mailing Address 119 Cobham Lane Roa

City

Cabot

State

PA

Zip Code

16023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area Operations Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3039

Amount of Each Receipt this Period

160.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Raoul Smyth

Mailing Address 11 Ensueno E

City

Irvine

State

CA

Zip Code

92620-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P3045

Amount of Each Receipt this Period

260.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

745.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Gregory A Tewell

Mailing Address 213 N Willow Springs Rd

City

Orange

State

CA

Zip Code

92869-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Contract Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2913

Amount of Each Receipt this Period

390.00

Payroll Deduction

(\$30.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Andrew Cameron Thompson

Mailing Address 20 Westchester Ct

City

Coto de Caza

State

CA

Zip Code

92679-4956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2914

Amount of Each Receipt this Period

975.00

Payroll Deduction

(\$75.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Deanna P Thompson

Mailing Address 177 Montalvo Rd

City

Redwood City

State

CA

Zip Code

94062-3820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2915

Amount of Each Receipt this Period

425.00

Payroll Deduction

(\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1790.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Barbara S Underwood

Mailing Address 370 Oakwood Ct

City

Palatine

State

IL

Zip Code

60067-7729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2916

Amount of Each Receipt this Period

325.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Scott R Van Hoose

Mailing Address 191 University Blvd # 817

City

Denver

State

CO

Zip Code

80206-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2917

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Andrew Wagner

Mailing Address 670 Carson Ct

City

Carmel

State

IN

Zip Code

46033-9744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional Logistics Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2918

Amount of Each Receipt this Period

195.00

Payroll Deduction

(\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jay C Wendt

Mailing Address 26 Shearwater Pl

City

The Woodlands

State

TX

Zip Code

77381-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2920

Amount of Each Receipt this Period

235.00

Payroll Deduction

(\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Jeffrey H West

Mailing Address 4740 E Desert Ln

City

Higley

State

AZ

Zip Code

85236-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2921

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Anita M Westrup

Mailing Address 46 Drakes Bay Dr

City

Corona del Mar

State

CA

Zip Code

92625-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Solutions Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2922

Amount of Each Receipt this Period

290.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jonlyn G. Wilkins

Mailing Address 2013 Killearn Mill Ct

City

Cary

State

NC

Zip Code

27513-4293

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2924

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mahvash Yazdi

Mailing Address 30263 Avenida de Calma

City

Rancho Palos Verd

State

CA

Zip Code

90275-4504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 7

Transaction ID: 74

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mahvash Yazdi

Mailing Address 30263 Avenida de Calma

City

Rancho Palos Verd

State

CA

Zip Code

90275-4504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: 80

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Douglas E Zielasko

Mailing Address 24232 Via Madrugada

City

Mission Viejo

State

CA

Zip Code

92692-1930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2928

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Steven A Zoellner

Mailing Address 9936 Ridgewood Dr

City

Minocqua

State

WI

Zip Code

54548-9157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 84-P2929

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

28777.73

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
BATTLE BORN POLITICAL ACTION COMMITTEE

Mailing Address PO Box 40366

City Washington State DC Zip Code 20016

Purpose of Disbursement
Contribution to PAC

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 59

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR ARLEN SPECTER

Mailing Address 255 SOUTH 17TH STREET SUITE 603

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
Contrib to State Senate Candidate (CA)

Candidate Name
ARLEN SPECTER

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: PA District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 49

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement
Contrib to State Senate Candidate (CA)

Candidate Name
SUSAN M COLLINS

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: ME District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 51

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS FOR HARRY REID

Mailing Address PO BOX 19163

City
LAS VEGAS

State
NV

Zip Code
89132

Purpose of Disbursement
Contrib to State Senate Candidate (CA)

011

Category/
Type

Candidate Name
HARRY REID

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 00

Transaction ID: 47

Date of Disbursement

08 / 28 / 2007

Amount of Each Disbursement this Period

3350.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF JAY ROCKEFELLER

Mailing Address PO BOX 1909

City
CHARLESTON

State
WV

Zip Code
25327

Purpose of Disbursement
Contribution to Senate Candidate

011

Category/
Type

Candidate Name
JOHN DAVISON IV ROCKEFELLER

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: 44

Date of Disbursement

07 / 26 / 2007

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908-12 Cincinnati Dayton Road

City
West Chester

State
OH

Zip Code
45069

Purpose of Disbursement
Contribution to House Candidate

011

Category/
Type

Candidate Name
JOHN A BOEHNER

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 08

Transaction ID: 48

Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10850.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City
HELENA

State
MT

Zip Code
59624

Purpose of Disbursement
Contrib to State Senate Candidate (CA)

Candidate Name
MAX BAUCUS

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: 52

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

MAINE REPUBLICAN PARTY

Mailing Address 76 Silver Street

City
Waterville

State
ME

Zip Code
04901

Purpose of Disbursement
Contribution to Republican Party

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

MARY BONO COMMITTEE

Mailing Address P.O. Box 3370

City
Palm Springs

State
CA

Zip Code
92263

Purpose of Disbursement
Contribution to House Candidate, CA - 45

Candidate Name
MARY BONO

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: 63

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE <hr/> Mailing Address P.O. Box 8331	Transaction ID: 45 Date of Disbursement <div> <div>07</div> <div>31</div> <div>2007</div> </div>
<div> <div>City Fremont</div> <div>State CA</div> <div>Zip Code 94537</div> </div> <div> Purpose of Disbursement Contribution to House Candidate </div> <div> <div>011</div> <div>Category/ Type</div> </div> <div> Candidate Name PETE STARK </div> <div> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 </div> <div> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div>	Amount of Each Disbursement this Period <div>1800.00</div>
B. Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS <hr/> Mailing Address PO Box 5577	Transaction ID: 46 Date of Disbursement <div> <div>08</div> <div>15</div> <div>2007</div> </div>
<div> <div>City New York</div> <div>State NY</div> <div>Zip Code 10027</div> </div> <div> Purpose of Disbursement Contribution to House Candidate </div> <div> <div>011</div> <div>Category/ Type</div> </div> <div> Candidate Name CHARLES B RANGEL </div> <div> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 </div> <div> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div>	Amount of Each Disbursement this Period <div>2750.00</div>
C. Full Name (Last, First, Middle Initial) STEPHANIE TUBBS JONES FOR US CONGRESS <hr/> Mailing Address 3729 SILSBY RD	Transaction ID: 50 Date of Disbursement <div> <div>09</div> <div>26</div> <div>2007</div> </div>
<div> <div>City UNIVERSITY HEIGHTS</div> <div>State OH</div> <div>Zip Code 44118</div> </div> <div> Purpose of Disbursement Contrib to State Senate Candidate (CA) </div> <div> <div>011</div> <div>Category/ Type</div> </div> <div> Candidate Name STEPHANIE TUBBS-JONES </div> <div> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11 </div> <div> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div>	Amount of Each Disbursement this Period <div>1000.00</div>

SUBTOTAL of Disbursements This Page (optional)

5550.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VOINOVICH FOR SENATE COMMITTEE

Mailing Address 865 MACON ALLEY

City State Zip Code
COLUMBUS OH 43206Purpose of Disbursement
Contribution to Senate Candidate, OhioCandidate Name
GEORGE V VOINOVICHOffice Sought: ☐ House
☒ Senate
☐ President

State: OH District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 62

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

31400.00